

# Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

### 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Eligibility, Enrollment & Marketing Division

Street Address

1000 G Street, Room 440, Sacramento CA 95814

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton

Date Stamp

FAIR PRACTICES COMMISSION

10/11/10 3:35

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

### 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

CA Partnership of Health Care Advocates

Name

3131 Camino Del Rio, Suite 1100

San Diego

CA

92108

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name

\$

Amount

Name

\$

Amount

### 3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Garden Grove, CA

3/10-11/2010

Date(s) of Travel

\$

140

Transportation Expenses

\$

109

Lodging Expenses

\$

0

Meal Expenses

\$

0

Other Expenses

\$

249.00

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Travel scholarship for the Annual CPHCA Conference in Orange County to be the Opening Plenary Speaker and providing an update on MRMIB and its program including the Healthy Families Program, Access for Infants & Mothers Program and Major Risk Medical Insurance Program.

Identify the officials for whom the payment was used:

Sanchez

Last Name

Ernesto

First Name

Deputy Director

Title

Eligibility Division

Department/Division

Last Name

First Name

Title

Department/Division

### 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)